

Sign Out Edit View Format Chat/Help

**ICANotes**  
Behavioral Health EHR

**Continue**

Photo

Chart Details

Dingess Patient

**Demographics**

Go to E-Prescribe

Anaphylactic Reaction Reported ☐

Patient Information		Insurance Information	
*Name (F,M,L,Suffix)	Ryan C Dingess	*Date of Birth	12/13/1984
<input type="checkbox"/> Homeless Address	503 East 12th Street	Unique Patient ID	1000010732493
<input type="checkbox"/> Bad Address Addr 2 / Appt #		*Gender	man
<input type="checkbox"/> Sample Chart City, State, Zip	Silver City NM 88061	Refer to patient as	Ryan
Best Phone Home Phone	Country US	SSN #	294-82-3970
<input type="radio"/> Home Cell Phone	(575)654-8363	Alt. Patient ID	
<input type="radio"/> Work Work Phone	ext	Other Names	
<input type="radio"/> Cell Email		Previous Address	
<b>Patient Status</b>	Email	<b>Patient's Condition</b>	
<input checked="" type="radio"/> Active	Email 2	Date Of Current Illness Onset	
<input type="radio"/> Inactive	Portal <input type="checkbox"/>	Date of Current Admission: From	
<input type="radio"/> Pending		Dates Unable To Work: From	
API <input type="checkbox"/>		Condition Related To Employment? <input type="radio"/>	
Appt Reminders via: <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Message		Condition Related To Auto Accident? <input type="radio"/>	
Employment Status		Condition Related To Other Accident? <input type="radio"/>	
School or Employer		In treatment Previously? <input type="radio"/> Y <input type="radio"/> N If yes, whe	
Grade		Date Of Death Preliminary Car	
Marital Status			
Sexual Orientation			
*Ethnicity	Caucasian		
Ethnicity 2			
Religion			
Annual Household Income			
Family Size			
Veteran <input type="radio"/> Y <input type="radio"/> N			
*Race	White		
Race 2			
*Preferred Language	English		
Disability			
Native American <input type="radio"/> Y <input type="radio"/> N	Tribal Affiliation		

**Assigned Providers**  
are allowed to sign  
Notes for this Patient

Veronica Diaz, CPSW Role X Principal

< Select a Clinician >

< Multiple Clinicians >

Assign Provider(s)

**Where Seen**

Med Rec

SPIN Supporting

Add New Location

Red fields are required Blue fields are optional but add info to clinical note.

\* = Required for Meaningful Use ✓ = Patient Has Accessed Portal

Show

Fields used by elec